

4/3/11  
AO

POSITION	INITIALS	ID NO.	DATE
	Wlh		04-08-01
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	SPR	859	04-08-01
<b>RESPONSE FORMALITY REVIEW</b>	RIN	881	06-28-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	7/6/2
Original	4/6/3
1	4/6/3
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
23	✓
24	✓
25	✓
26	✓
27	✓
28	✓
29	✓
30	✓
31	✓
32	✓
33	✓
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	51
Original	52
51	53
52	54
53	55
54	56
55	57
56	58
57	59
58	60
59	61
60	62
61	63
62	64
63	65
64	66
65	67
66	68
67	69
68	70
69	71
70	72
71	73
72	74
73	75
74	76
75	77
76	78
77	79
78	80
79	81
80	82
81	83
82	84
83	85
84	86
85	87
86	88
87	89
88	90
89	91
90	92
91	93
92	94
93	95
94	96
95	97
96	98
97	99
98	100

Claim	Date
Final	101
Original	102
101	103
102	104
103	105
104	106
105	107
106	108
107	109
108	110
109	111
110	112
111	113
112	114
113	115
114	116
115	117
116	118
117	119
118	120
119	121
120	122
121	123
122	124
123	125
124	126
125	127
126	128
127	129
128	130
129	131
130	132
131	133
132	134
133	135
134	136
135	137
136	138
137	139
138	140
139	141
140	142
141	143
142	144
143	145
144	146
145	147
146	148
147	149
148	150

If more than 150 claims or 10 actions  
staple additional sheet here